

Sign-In Sheet

Vendor _____

Facilitator _____

Project Name _____

Session Date _____

Project Code _____

Session Time _____

	Date of Birth			Last 4 Digits of Social Security Number	Sex	Are you Hispanic/Latino?	What is your race? (Mark all that apply)
	Month	Day	Year		(M) (F)	(Y) (N)	(B) (N) (A) (P) (W) (O)
1					(M) (F)	(Y) (N)	(B) (N) (A) (P) (W) (O)
2					(M) (F)	(Y) (N)	(B) (N) (A) (P) (W) (O)
3					(M) (F)	(Y) (N)	(B) (N) (A) (P) (W) (O)
4					(M) (F)	(Y) (N)	(B) (N) (A) (P) (W) (O)
5					(M) (F)	(Y) (N)	(B) (N) (A) (P) (W) (O)
6					(M) (F)	(Y) (N)	(B) (N) (A) (P) (W) (O)
7					(M) (F)	(Y) (N)	(B) (N) (A) (P) (W) (O)
8					(M) (F)	(Y) (N)	(B) (N) (A) (P) (W) (O)
9					(M) (F)	(Y) (N)	(B) (N) (A) (P) (W) (O)
10					(M) (F)	(Y) (N)	(B) (N) (A) (P) (W) (O)
11					(M) (F)	(Y) (N)	(B) (N) (A) (P) (W) (O)
12					(M) (F)	(Y) (N)	(B) (N) (A) (P) (W) (O)
13					(M) (F)	(Y) (N)	(B) (N) (A) (P) (W) (O)
14					(M) (F)	(Y) (N)	(B) (N) (A) (P) (W) (O)
15					(M) (F)	(Y) (N)	(B) (N) (A) (P) (W) (O)

MARKING INSTRUCTIONS

- Use a No. 2 pencil or a blue or black ink pen only.
- Do not use pens with ink that soaks through the paper.
- Make solid marks that fill the response completely.
- Make no stray marks on this form.

CORRECT: ● INCORRECT: ✓ ✗ ○

RACE RESPONSES

B = Black or African American
 N = American Indian or Native Alaskan
 A = Asian
 P = Native Hawaiian or Other Pacific Islander
 W = White
 O = Other

FORM R

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